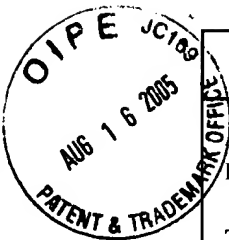


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JW**Applicant Initiated Interview Request Form**Application No.: 09/909,038 First Named Applicant: Dorit WOLF, et al.  
Examiner: Shubo ZHOU Art Unit: 1631 Status of Application: pending**Tentative Participants:**(1) Evelyn A. Defillo (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_Proposed Date of Interview: Mon., 9/12/05 Proposed Time: 10:00 (AM/PM)**Type of Interview Requested:**(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

**Issues To Be Discussed**

| Issues<br>(Rej., Obj., etc.) | Claims /<br>Fig. #s | Prior<br>Art | Discussed                | Agreed                   | Not Agreed               |
|------------------------------|---------------------|--------------|--------------------------|--------------------------|--------------------------|
| (1) <u>Rejection</u>         | <u>10-17</u>        | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) _____                    | _____               | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) _____                    | _____               | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) _____                    | _____               | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Continuation Sheet Attached**Brief Description of Arguments to be Presented:**Setting case for allowance of claims.  
\_\_\_\_\_  
\_\_\_\_\_

An interview was conducted on the above-identified application on \_\_\_\_\_

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant / Applicant's Representative Signature

Evelyn A. Defillo  
Evelyn A. Defillo

Examiner / SPE Signature

Typed/Printed Name of Applicant or Representative

45,630

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.